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| Issue Classification  | Application/Control No. 10574573 | Applicant(s)/Patent Under Reexamination MAEDA ET AL. |
| | Examiner Kevin M Bernatz | Art Unit 1785 |

| ORIGINAL | | | | | | INTERNATIONAL CLASSIFICATION | | | | | | | | | | | | |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS | | SUBCLASS | | | | CLAIMED | | | | | NON-CLAIMED | | | | | | | |
| 428 | | 831.2 | | | | G | 1 | 1 | B | 5 / 66 (2006.01.01) | | | | | | | | |
| CROSS REFERENCE(S) | | | | | | G | 1 | 1 | B | 5 / 738 (2006.01.01) | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | | | | | | | | | | | | | | | |
| 428 | 836.2 | | | | | | | | | | | | | | | | | |
| 360 | 131 | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | | | | | | |
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| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1 | 1 | - | 17 | | | | | | | | | | | | |
| - | 2 | - | 18 | | | | | | | | | | | | |
| - | 3 | 7 | 19 | | | | | | | | | | | | |
| 2 | 4 | 8 | 20 | | | | | | | | | | | | |
| 3 | 5 | 9 | 21 | | | | | | | | | | | | |
| 4 | 6 | | | | | | | | | | | | | | |
| 5 | 7 | | | | | | | | | | | | | | |
| 6 | 8 | | | | | | | | | | | | | | |
| - | 9 | | | | | | | | | | | | | | |
| - | 10 | | | | | | | | | | | | | | |
| - | 11 | | | | | | | | | | | | | | |
| - | 12 | | | | | | | | | | | | | | |
| - | 13 | | | | | | | | | | | | | | |
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|-----------------------------------------------------|------------|----------------------------|-------------------|
| NONE | | Total Claims Allowed: 9 | |
| (Assistant Examiner) | (Date) | | |
| /Kevin M Bernatz/ Primary Examiner.Art Unit 1785 | 10/25/2010 | O.G. Print Claim(s) | O.G. Print Figure |
| (Primary Examiner) | (Date) | 1 | 2 |